

on the left hand was observed.

Discussion.— For this patient, the relevance of the MEP in sub-acute stage of brainstem infarct was initially discussed because of the presence of a beginning of motor control but they were finally performed with two objectives: try to better predict functional recovery and mainly to contribute to the announcement of the disability.

Further reading

Bembenek JP., et al. The prognostic value of MEP in motor recovery and functional outcome after stroke—a systematic review. *Funct Neurol* 2012; 27: 79–84.

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P434-e

Long-term functional improvement in hemiplegic patients after stroke: A series of case

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Keywords: Stroke; Gait; Long-term improvement

Objectives.— Estimate the functional long-term improvement of walking in hemiplegic patients after stroke taken care in PRM.

Materials and methods.— Retrospective study about a series of patients after stroke followed in PRM during at least 4 years. Assessment criteria were the qualitative and quantitative parameters of walking. Autonomy in daily living, equipment, local treatment of spasticity, and functional surgery of lower limbs were also studied.

Results.— Thirty patients were included. The duration of follow-up was from 4 to 13 years with an average of 6.8 years. Eight patients (26.6%) improved in terms of speed, symmetry of steps and reduction of the equipment, 4 (13.33%) deteriorated, and 18 (60%) remained stable. Twenty-eight patients (93.3%) benefited from a treatment by botulinum toxin; 7 (23.3%), of a functional surgery; and 27 (90%) had an equipment.

Conclusion.— More than a quarter of the patients pursue a functional improvement several years after their stroke, both on their capacities of walking and on their autonomy in daily living.

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P435-e

Fit-to-drive after stroke and traumatic brain injury: A combination of performances in cognitive tests and driving simulator

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Keywords: Driving Simulator; Traumatic brain injury; Stroke; Neuropsychological assessment; Driving ability

Introduction.— After suffering brain damage people are often interested in returning to drive. The aim of this study is to find out if there are differences in driving ability between TBI, stroke and controls using an evaluation that includes not only paper-and-pencil and computerized cognitive tests, but also a driving simulator (DS). We want to investigate the strength of association between these measures, the more common errors in each group, since such information could be useful in the rehabilitation process.

Material and methods.— We select TBI and Stroke patients with lesions in their right or left hemisphere and a control group paired for age and education. Each subject is assessed using a protocol that includes paper-and-pencil tests, computerized cognitive tests, questionnaires and a DS session.

performances in tests that have a greater complexity and reality-oriented nature. We also anticipate a different pattern of performance between groups.

Discussion.— The DS performance could be a useful tool for the assessment of drive fitness.

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P436-e

Predictors of motor recovery after ischemic stroke in 64 patients

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Aim.— The aim of our study was to identify anamnestic and clinical predictors of motor recovery after experiencing an ischemic stroke.

Methods.— We conducted a retrospective study including patients with acute phase of IS with initial neurological deficit. All patients underwent physical rehabilitation. Recovery was defined as a NIHSS score of zero and Barthel Index greater than 90.

Results.— Among 419 patients, 64 (15.2%) recovered fully their motor deficit. Mean patient age was 58.1 years ($P < 0.03$) with a sex ratio M/F of 0.6. The mean duration of hospitalization was 7.33 days ($P < 0.01$). Infarction in the territories of the anterior circulation was inversely correlated with motor recovery ($P < 0.001$). On the contrary, lacunar infarction was associated with a favorable outcome ($P < 0.001$).

Discussion.— In our study, young age, female gender, presence of a history of transient ischemic attack and the lacunar infarction are correlated with total motor recovery after experiencing an ischemic stroke neurological deficit. These factors are discussed according to literature data.

Conclusion.— It is important to determine the recovery potential of motor deficits and therefore to dispose of early anamnestic and clinical predictors.

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P437-e

Exploration of factors influencing quality of rehabilitation for those with stroke in Madagascar

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Keywords: Stroke; Service; Low-resource country

Background.— In contrast to industrialized societies the pathway for rehabilitation of those with stroke is poorly developed, lacking many resources, in low income countries. This study explored these at a regional rehabilitation centre in Mahajanga.

Methods.— Interviews were held with 32 patients with stroke using the centre between March and August 2013 and with their 6 physiotherapists who then participated in a focus group. The questions explored social and practical facets of the rehabilitation given. Patients were categorized according to demographics, chronicity and severity of disability.

Results.— Responses were analyzed. Six groups of problems were identified by staff relating to patients and families, conditions of work (100% responses) and geography 40% (the region is vast). Forty percent responses noted limited diagnostic and teaching facilities and specialist staffing. Personal factors contributed in 20%. Most patients were appreciative of care, but complained of delayed, short treatment times inadequate to treat or train, given in a poor clinical setting. Many stated that improvements in knowledge, and attitudes of staff were needed.